



A Public Service Agency

REGISTRATION INFORMATION REQUEST FOR LIEN SALE

Vehicle Valued Under \$2500/Vessel Valued Under \$1500 or Self Storage Facility

DMV USE ONLY
CHECK/MONEY ORDER NUMBER
CASHIER ID/DATE

NOTICE TO REQUESTERS

As a condition to the disclosure of information from records maintained by the Department of Motor Vehicles, the subject of record may be provided a copy of this request.

This form is used to obtain names and addresses of the registered owner, legal owner, or interested parties of vehicles/vessels on which you intend to conduct a lien sale or which you intend to dispose of pursuant to California Vehicle Code (CVC) Sections 22851.3 or 22851.8, and vehicles stored at self storage facilities, as defined in the Business and Professions Code Section 21701A. Any other use of the information received is prohibited. All sections must be completed or the request will not be processed.

A NON-REFUNDABLE \$5 SERVICE FEE MUST ACCOMPANY FORM.

COMPLETE ALL SECTIONS

PART A: Requester's Information		PLEASE PRINT CLEARLY	
BUSINESS NAME OR FIRST NAME	M.I. LAST	AREA CODE ()	DAYTIME TELEPHONE NUMBER
ADDRESS			
CITY	STATE	ZIP CODE	

PART B: Record Search Criteria Complete all search criteria for vehicles. Contact your local DMV for assistance if the vehicle identification number (VIN) is mutilated or missing on vehicle. Complete vessel CF number and hull identification number (HIN). The current registered and legal owner record information on file with the department will be provided.

VEHICLE LICENSE OR VESSEL CF NUMBER	STATE LAST REGISTERED	MAKE	YEAR	MODEL
VIN OR HIN		MOTORCYCLE ENGINE NUMBER		

PART C: Reason For Request Explain why the vehicle/vessel is subject to a lien sale—include statute and section number if known.
Please Note: This section must be completed or your request will be refused.

The basis for my lien is _____

The vehicle/vessel came into my possession on _____ Current vehicle/vessel value _____

How was the vehicle/vessel acquired? _____

Where is the vehicle/vessel currently located? _____

PART D: Certification, Signature/Requester Identification Complete "executed at" information. Read certification statement, sign and print your driver license/or identification card (DL/ID) number. DL/ID must match signature of requester to release record.

EXECUTED AT (CITY, COUNTY, STATE)	ON (DATE)
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I certify under penalty of perjury under the laws of the State of California, that the information entered by me on this document is true and correct and will only be used to notify the registered and legal owners of this vehicle, and all persons known to claim an interest in the vehicle, of an impending lien sale or intent to dispose of the vehicle. Each residence address requested from the files of the Department of Motor Vehicles will be required by and will be used pursuant to the applicable statute(s) including the following: CVC §22523, 22658, 22851, 22851.8, 22852; Civil Code §3068, 3072; vehicles stored at self storage facilities, as defined in the Business and Professions Code §21701A; and Harbors and Navigation Code §504.

I understand that I may be subject to prosecution for false representation (CVC §1808.45) for any false statement regarding this request. This is a misdemeanor and punishable by a maximum fine of five thousand dollars (\$5,000) or a maximum imprisonment of one year in the county jail, or both.

SIGNATURE OF REQUESTER	REQUESTER DL/ID NUMBER
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X

PART E: Mailing Label Do Not Detach Complete this section in order to receive the requested record information.

Send information to: (Print your name and address carefully)		
YOUR NAME		
ADDRESS		
CITY	STATE	ZIP CODE

You may submit this request directly to your local DMV office or mail along with a check or money order to:

DEPARTMENT OF MOTOR VEHICLES
P. O. Box 944247—Mail Station C-198
Sacramento, CA 94244-2470